



MISSOURI DEPARTMENT OF REVENUE  
**STATEMENT OF INCOME TAX PAYMENTS FOR  
 NONRESIDENT INDIVIDUAL PARTNERS OR  
 S CORPORATION SHAREHOLDERS**

**1998  
 FORM  
 MO-2NR**

DLN

FOR CALENDAR YEAR 1998 OR FISCAL YEAR BEGINNING			, 1998 AND ENDING		, 1999	
1. NAME OF PARTNERSHIP/S CORPORATION			<b>DOR ONLY</b>	2. MISSOURI TAX ID NUMBER		
ADDRESS				3. FEDERAL TAX ID NUMBER		
CITY OR TOWN	STATE	ZIP CODE	4. TYPE OF ENTITY <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (Treated as a Partnership)			
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY NUMBER			
ADDRESS			7. INCOME SUBJECT TO TAX		00	
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT		00	
<b>Partner/Shareholder copy — Keep this copy for your records</b>				<b>Copy A</b>		

MO 860-2543 (12-98)

This publication is available upon request in alternative accessible format(s).



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<b>Attach to Form MO-1NR. See instructions for Line 1 of Form MO-1NR.</b>				<b>Copy C</b>		

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